

<b>Individual Name (last, first, mi):</b>	
<b>CARE ID Number:</b>	<b>CMBHS ID:</b>
<b>Date of Birth:</b>	<b>County of Service:</b>
<b>Legally Authorized Representative Name, if applicable: (last, first, mi)</b>	

**To be completed by the HCBS-AMH participant and/or the LAR:**

By signing below:

- I understand that I may contact the Department of Family and Protective Services at any time to report an allegation of Abuse Neglect and/or Exploitation (ANE). To report an allegation of ANE:
  1. Call 1-800-647-7418 (toll-free number available 24 hours a day and 7 days a week).
  2. Go to the website [www.txabusehotline.org](http://www.txabusehotline.org), a secure website where my report will be responded to within 24 hours.
- I understand that I may contact the Department of State Health Services (DSHS) Consumer Services and Rights Protection to register a complaint. Complaints may be anonymous. I understand that filing a grievance or making a complaint is not a prerequisite or substitute for a Fair Hearing. To register a complaint:
  1. Call 1-800-252-8154, (toll-free number Monday-Friday 8am to 5pm).
  2. Mail the complaint to  
 Texas Department of State Health Services  
 Office of Consumer Services and Rights Protection  
 P.O. Box 149347  
 Mail Code 2019  
 Austin, TX 78714-9347
- I understand that I may contact The Health and Human Services Commission (HHSC) Office of the Ombudsman at 877-787-8999, if I have problems or complaints about a state agency health and human service or program that is not resolved to your satisfaction.
- I acknowledge receiving a copy of the DSHS *Handbook of Consumer Rights, Mental Health Services*.
- I acknowledge that I have received my HCBS-AMH Participant Handbook, which outlines the conditions in which the right to request a Medicaid Fair Hearing apply. To request a fair hearing:
  1. Call 1-800-252-8154, (toll-free number Monday-Friday 8am to 5pm).
  2. Mail the request to  
 Texas Department of State Health Services  
 Office of Consumer Services and Rights Protection  
 P.O. Box 149347  
 Mail Code 2019  
 Austin, Texas 78714-9347

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Signature & Date – Individual

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Signature & Date – LAR

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Signature & Date – DSHS Representative